THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. C.P. THAKUR): The Government of India had constituted a committee under the Chairmanship of the DG, ICMR, to look into the issue of telemedicine and its application for improving the access to health care of the poor people living in remote areas. The report submitted by the Committee contains details of infrastructure, technical capabilities and other facilities required for implementing telemedicine in a larger way. Some institutions like AllMS, New Delhi, and Sanjay Gandhi Post Graduate Institute of Medical Sciences, Lucknow in the Government sector and Apollo Hospital Group and L.V. Prasad Eye Hospital in Hyderabad have already taken steps to extend benefits of this technology to the rural and remote areas of the country.

New Injectable Contraceptive

42. SHRI C. RAMACHANDRAIAH: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government have decided to introduce the new injectable contraceptive Net N on trial and experimental basis at 12 Centres in the country;

(b) if so, the details thereof indicating, *inter-alia,* the research undertaken, effectiveness, practicability, side-effects and comparative advantages over the existing contraceptives practiced by general masses;

(c) whether some women's organizations have strongly criticised the introduction of new contraceptive even on trial basis because of insufficient research and side-effects on the health of women and have threatened to start agitation against it;

(d) if so, the details of their view point; and

(e) Government's reaction thereto?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. C.P. THAKUR): (a) Government of India have not taken any decision on this.

(b) Does not arise.

(c) and (d) Yes, Sir. Some women's organizations have strongly criticized the introduction of the new contraceptive even on trial basis. They are apprehensive about the side effects of the Injectable Contraceptives and their impact on the health of Indian women.

A copy of the representation is enclosed as Statement. *(See* below)

(e) Government is examining the representation.

Statement

Copy of the representation of women's organisations

To
The Union Minister for Health and Family Welfare
Government of India

Dear Dr. Thakur,

This is to express our strong protest and indeed condemnation of the recent decision of your Ministry announced by you in a press conference on June 18, to introduce the injectible Net-N on a trial basis in 12 medical colleges in the country. This decision will have disastrous consequences for the already fragile health of Indian women of the poorer sections who are the main targets of the family planning programme.

We would like to remind you of our meeting last October when you had supported our opposition to the introduction of long acting hormonal invasive contraceptive technologies in the family planning system. You had also mentioned that you were, in your words, being petitioned by "powerful lobbies" to allow the introduction of such contraceptives.

We oppose your decision on the following grounds:

1. The side effects of injectible contraceptives whether Net-n or Depo Provera are well known. What are considered by so-called experts to be "non-serious" side effects, have very serious effects on women. Some of the side effects are menstrual disorders, cessation of the monthly cycle or irregular bleeding, general weakness, migraine headaches,

severe abdominal cramps. In a country where a large percentage of women in the reproductive age suffer from anemia, irregular bleeding will further weaken them. Moreover studies have shown that injectibles can also lead to reduction of bone density increasing the risk of osteoporosis. Bone density among poor women due to lack of calcium is already low. Studies of effects of injectibles do not rule out increased risk of cancer. There are questions about the return of fertility as also the health of babies born after the contraception is given up. It should be remembered that the Phase 3 trials conducted by the ICMR in the early eighties were given up precisely because of the side effects and because it was found unsuitable for Indian women. There is nothing to warrant any change in this understanding.

2. Since the targeted population is poor women who work long hours to ensure family survival, such side effects will adversely affect their right to work.

3. You are quoted as having said that "since oral pills and injectables are both hormonal preparations singling out injectables was unwarranted." (Indian Express, June 19) It is precisely this flawed understanding that women's organizations have been opposing. The basic difference is that one (Oral pills) is user-controlled and the other is provider-controlled. Once the injection is given there is nothing that the woman can do about it. This is another reason why injectables should not be introduced into the family planning programme.

4. The health delivery system in India is woefully inadequate. Current Government policies which favour privatization of basic health care threaten to decimate even the meagre existing facilities. Invasive technologies like injectables require close monitoring not just for a few months or even years but to study the long term impact on both the woman and subsequent children. This is impossible in the current situation. The recent Supreme Court judgement in the Net-n

case is being cited to give legitimacy to your decision. However it is clear that the expense of going through trials even in urban centers in selected Government hospitals is just the first step towards the wider use of the injectable in the family planning system. At the same time past experience has shown the total failure of the concerned medical authorities to properly monitor the subjects. In the Norplant trials for example, which were conducted in urban centres there was an unacceptably high percentage of women "lost to follow up." As a result there are thousands of women who had Norplant implanted, about whose health there is no information leave alone care. Since it is mainly poor women who visit Government hospitals, once again it is they who will be the guinea pigs for this decision.

5. Your Ministry uses the rhetoric of providing users with "choice" to justify the phased introduction of injectibles into the family planning system. This is making a mockery of the reality where they have no choice regarding the denial of basic rights whether it is health, education or work. But even on the issue of contraceptive choice, why should the Government introduce contraceptives known to have adverse side effects. Although figures have been quoted by your Ministry to show the global acceptability for injectibles, for the large majority of women using contraceptives through informed choice, injectibles are definitely not their first choice. On the contrary, it is precisely in third world countries where illiteracy rates are high and where there is strong pressure from funding agencies and multinational pharmaceutical companies, that injectibles find a market.

6. Can our country afford such expensive contraceptives for mass scale use? While the Government claims that it has no resources to augment basic health systems including primary health centers, such a decision to use expensive contraceptives defies logic.

7. Moreover the Government has announced its determination

to prevent the spread of AIDS. Giving the dismal safety records we have, the use of injection needles on a mass scale will only increase the danger of spreading AIDS.

8. We wish to reiterate our firm belief and demand that women should have the choice to decide the number of children they want and that they should have easy access to safe and affordable contraceptives. There is a big unmet demand for such safe contraceptives, which is what any family planning programme should be concerned about. The operative word here is SAFE. The Government should be spending more time and money in promoting research into the development of barrier methods and making it easily available.

We see this retrograde decision on injectibles as part of the current efforts under way not only by the centre but also several State Governments to control the population at any cost including through hazardous methods to control women's fertility. Linking survival measures and schemes with small family norms violates human rights as well as constitutional guarantees. But is this of any concern to those who have decided that the so-called population bomb is going to wipe out this country and that poor women are responsible. Yet even according to Government figures almost all over the country fertility rates have come down, whereas sex ratios have worsened and there is hardly any improvement in infant mortality rates. Surely the priority should be to improve these indicators of development.

We would earnestly request you to reconsider your decision in the interests of India's poor women.

We assure you that at every stage we are going to fight this decision. We are committed to see that the health of poor women in

India is not sacrificed for the combined interests of funding agencies, multinational pharmaceutical companies who produce these contraceptives, and a callous Government.

Yours Si needy,

Brinda Karat (AIDWA Primila Loomba (NFIW) N.B. Sarojini (Sama)

K. Lalitha (JWP) Dr. N. Bannerjee (CWDS) Mary Khemchand (YWCA)

Kailash Rekhi (MDS) Seema (Jagori) Dr. Mohan Rao (JNU-)

Dr. Amit Sengupta (DSF)

C70 121, Vithalbhai Patel House, Raft Marg, New Delhi 110001 Tel No: 3710476, 3319566

Female to male ratio in Northern States

43. SHRI RAMDAS AGARWAL: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether female to male ratio in most Northern States are declining alarmingly due to rampant use of sex determination tests and sex-selective abortions;

(b) if so, how many cases for the last five years till date have been filed under the Pre-Natal Diagnostic Techniques (Regulation and Prevention of Misuse) Act;

(c) what steps have, so far, been taken by Government to make the people aware about the provisions of the above Act and to invoke social sanctions against the invidious practice to end famale foeticide; and

(d) what was the outcome of the meeting of 250 religious heads reportedly convened in this regard recently?